

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/914976 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | * | * |
|--------------|----------|------------|------------------------|------------|------------------------|------|--------------|------------|------------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | |
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| TOTAL IND. | | | ↓ | | ↓ | | TOTAL IND. | | |
| TOTAL DEP. | | | ↔ | | ↔ | | TOTAL DEP. | | |
| TOTAL CLAIMS | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | | TOTAL CLAIMS | [REDACTED] | [REDACTED] |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS